

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/518034

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 12 | 1 | | | | | |
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| TOTAL IND. | | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | ← | | ← | | ← | |
| TOTAL CLAIMS | | | | | | |

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 51 | | 1 | | | | |
| 52 | | 1 | | | | |
| 53 | | (1) | | | | |
| 54 | | 1 | | | | |
| 55 | | 1 | | | | |
| 56 | | 1 | | | | |
| 57 | | 1 | | | | |
| 58 | | 1 | | | | |
| 59 | 1 | | | | | |
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| 61 | | 1 | | | | |
| 62 | | 1 | | | | |
| 63 | | 1 | | | | |
| 64 | | 1 | | | | |
| 65 | | 1 | | | | |
| 66 | | 1 | | | | |
| 67 | | 1 | | | | |
| 68 | | 1 | | | | |
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| 100 | | | | | | |
| TOTAL IND. | 7 | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | 61 | ← | | ← | | ← |
| TOTAL CLAIMS | 68 | | | | | |